

EXHIBIT

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION

D. CARTER
1 8-15-07
DMB

VIVIAN BERT, et al.,)	Case No. C-1-02-00467
)	Judge Beckwith
Plaintiffs,)	Magistrate Judge Hogan
)	
v.)	PLAINTIFF DARRELL CARTER'S
)	RESPONSES TO DEFENDANT'S
AK STEEL CORPORATION,)	FIRST REQUEST FOR THE
)	PRODUCTION OF DOCUMENTS
Defendant.)	
)	

GENERAL OBJECTIONS

1. The Plaintiff objects to these discovery requests to the extent they seek information or documents protected from discovery and/or disclosure by the attorney/client privilege, the work product doctrine, or any other applicable privilege.
2. The Plaintiff objects to these discovery requests to the extent they seek information or documents neither material nor relevant to the claims or defenses of this action nor reasonably calculated to lead to the discovery of admissible evidence.
3. The Plaintiff objects to these discovery requests to the extent they are overly broad and/or unduly burdensome.
4. The Plaintiff objects to these discovery requests to the extent they are so vague and ambiguous as to be incapable of a definite response.
5. The Plaintiff objects to these discovery requests to the extent they seek confidential or proprietary information or documents. Notwithstanding this objection, the Plaintiff agrees to provide, if any exist, as more fully set forth below, such information or documents subject to the terms of a mutually agreeable protective order to be entered in this action.
6. The Plaintiff objects to these discovery requests to the extent they call for conclusions of law.
7. The Plaintiff objects to these discovery requests to the extent that they seek and/or require the production of documents which are not in the Plaintiff's possession, custody, or control.
8. The Plaintiff objects to the time and place of production for documents specified in these

discovery requests but state, to the extent that the documents are available, as more fully set forth below, they will be produced at a mutually convenient time and place.

9. The Plaintiff objects to the definitions and instructions in the discovery requests to the extent they seek to require the Defendant to comply with requirements beyond the scope of or impose burdens, duties and obligations in excess of or different from those imposed by applicable law and the Federal Rules of Civil Procedure.
10. The Plaintiff objects to these discovery requests to the extent they seek to discover "core" work product, including the disclosure of the mental impressions, conclusions, opinions, and/or legal theories of attorneys or other representatives of Plaintiff and/or the substance of information developed by them (i.e., interpretive, not investigatory) in preparation for the trial of this action.
11. The Plaintiff objects to these discovery requests to the extent that the information sought, if any, was obtained and prepared in anticipation of litigation, and the Plaintiff has not made the required showing of substantial need for the information or that the substantial equivalent of such information is unobtainable by other means. The Plaintiff further objects to these discovery requests to the extent that the information called for, if any, is privileged and is not discoverable under FRCP 26(b)(3) and *Hickman v. Taylor*, 329 U.S. 495 (1947).
12. The Plaintiff objects to these discovery requests to the extent that they seek information that is equally available to the Defendant, and the burden on the Defendant to obtain the requested information is no greater than the burden on the Plaintiff.
13. The Plaintiff objects to these discovery requests to the extent they seek information or documents relating to expert witnesses, witnesses, and trial exhibits in excess of the disclosure duties imposed by the Federal Rules of Civil Procedure and the Court's Orders relating to such matters.
14. The Plaintiff objects to these discovery requests to the extent that they seek information regarding matters which are not at issue in this action.
15. The Plaintiff objects to these discovery requests to the extent that they do not, on their face, restrict themselves either to an identifiable time or a reasonable, rationally-based time frame.
16. The Plaintiff objects to these discovery requests to the extent that they are oppressive, i.e., designed to create an unreasonable burden on the Plaintiff which burden is not commensurate with the professed result sought.
17. Except as otherwise indicated, the Plaintiff incorporates the General Objections into each

and every response set forth below. By responding to any of the discovery requests, the Plaintiff does not waive any of the foregoing General Objections.

Plaintiff responds to Defendant's requests for the production of the following documents:

Request No. 1: Produce all documents that refer to, reflect, comment on, or tend to prove or disprove any of the contentions in the Complaint or the Answer.

Specific Objection to Request No. 1: Plaintiff objects to the extent this request is vague, ambiguous, and overly broad. Plaintiff further objects to the extent that this request seeks information or documents protected from discovery and/or disclosure by the attorney/client privilege, the work product doctrine, or any other applicable privilege. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Request No. 2: Produce all documents that you believe support your claim for damages, or which reflect, comment on, or tend to prove or disprove such claims.

Specific Objection to Request No. 2: Plaintiff objects to the extent this request is vague, ambiguous, and overly broad. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Request No. 3: Produce any diary, journal, or calendar of appointments, or notes that you have maintained since January 1, 1998.

Specific Objection to Request No. 3: Plaintiff objects to the extent that this request is overly broad and/or unduly burdensome. Plaintiff also objects to the extent that this request seeks information that is not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

RESPONSE: Plaintiff will produce any diary, journal, or calendar of appointments that Plaintiff has maintained since January 1, 1998 that relate to the claims or defenses in this case.

Request No. 4: Produce all documents provided to or obtained from Defendant.

Specific Objection to Request No. 4: Plaintiff objects to the extent that this request is overly broad and/or unduly burdensome. Plaintiff further objects to the extent that this request seeks information that is equally available to the Defendant, and the burden on the Defendant to obtain the requested information is no greater than the burden on the Plaintiff. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Request No. 5: Produce all of your medical or psychological records since January 1, 1998.

Specific Objection to Request No. 5: Plaintiff objects to this Request to the extent that the information sought is confidential and/or privileged.

Request No. 6: Produce all documents that refer to, reflect, or comment on any criminal proceeding in which in which you have been either arrested or convicted during the past 10 years.

Specific Objection to Request No. 6: Plaintiff objects to this Request to the extent that the information sought is confidential and/or privileged. Plaintiff further objects that the information is not reasonably calculated to lead to the discovery of admissible evidence.

Request No. 7: Produce your federal income tax returns and any W-2s or Form 1099s for each tax year beginning in 1999.

Specific Objection to Request No. 7: Plaintiff objects to this request to the extent that it is not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff further objects to this Request to the extent the information sought is confidential and/or privileged. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

RESPONSE: Plaintiff will produce Plaintiff's W-2s or Form 1099s for 1999, 2000, and 2001.

Request No. 8: Produce any documents that you sent to or received from the EEOC, OCRC, or any other state agency with the power to investigate charges of discrimination.

RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Request No. 9: Produce any resume or other listing of your qualifications for employment you have prepared or had prepared for you since January 1, 1998.

RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Request No. 10: Produce any document by which you sought employment from any employer from January 1, 1998 to date.

Specific Objection to Request No. 10: Plaintiff objects to the extent this request is vague and ambiguous. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

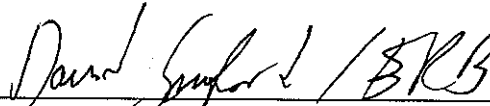
RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Request No. 11: Produce any document by which you claim you requested employment from AK Steel Corporation.

Specific Objection to Request No. 11: Plaintiff objects to the extent this request is vague and ambiguous. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

RESPONSE: Plaintiff will produce all non-privileged responsive documents.

Respectfully submitted this 27th day of November, 2002.



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SUITE 911
CINCINNATI, OH 45202
Telephone: (513) 241-8137
Facsimile: (513) 241-7863

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of Plaintiffs' Responses to Defendant's First Set of Requests for Production of Documents was served via first-class mail, postage prepaid, upon:

Lawrence J. Barty
Patricia Anderson Pryor
Gregory Parker Rogers
Roger A. Weber
TAFT, STETTINIUS & HOLLISTER LLP
425 Walnut Street, Suite 1800
Cincinnati, Ohio 45202-3957

This is the 21st day of November, 2002.



Attorney for Plaintiffs

APPLICATION FOR EMPLOYMENT

AK Steel Corporation



AK Steel Corporation is an Equal Employment Opportunity Employer and as such meets all government regulations pertaining to Equal Employment Opportunity.

Left NO
Manager
Feb 10/15

Name Darrell D Carter Date 10-1-01
FIRST MIDDLE LAST

Present Address 901 50 7th Ironton OHIO 45638
NO. STREET CITY STATE ZIP CODE

Phone Number — or number where you can be reached: (740) 533-9840
AREA CODE NUMBER

Permanent Address: 901 50 7th Ironton OHIO 45638
NO. STREET CITY STATE ZIP CODE

Permanent Phone: (740) 533-9840 Social Security #
AREA CODE NUMBER

Are you 18 years of age or older? ☒ Yes ☐ No

Are you lawfully entitled to work within the U.S.? yes
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT)

Have you been convicted of a crime other than a minor traffic violation? NO

If yes, explain. _____

Date available for employment: NOW

If the job requires, are you willing to travel? yes Relocate? NO

If the job requires, are you able to work all shifts? yes

Have you previously applied at Armco or AK Steel? NO If yes, when/where? _____

Have you previously worked for Armco or AK Steel? NO If yes, when/where? _____

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EDUCATIONAL BACKGROUND:

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Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12

College hours completed

TYPE OF SCHOOL	NAME AND LOCATION	GRADUATED		DEGREE	FIELD OF STUDY	GRADE POINT/SCALE TOP, MID, BOT. 1/3
		YES	NO			
HIGH	Ironton High GED				Science History	
BUSINESS OR TRADE	Century Business College		✓		English Computer Programming	C+ B
COLLEGE OR UNIVERSITY	OHIO UNIVERSITY - Ironton				Human Service Technology	C+
POST GRADUATE						

List other formal educational experience; e.g., night school, home study courses, GED, etc. got GED IN
IN 1980 From Southern OHIO SKILL Center Jackson OH. went
there and got A Certificate In Building maintenance

If presently enrolled, indicate where and field of study: OHIO university - Human Service technology

Describe any definite plans for further study: Like to help the company or organization
I'm working with, to obtain their goal's & desire's

List significant activities, honors, awards or elective offices which have contributed to your career goals and interests: _____

MILITARY SERVICE: Are you a Veteran of the U.S. Military Service? ☐ Yes ☒ No

BRANCH OF SERVICE	HIGHEST RANK OR RATE

Please, indicate any military experience or training you feel might be of interest and value to AK Steel:

PRESENT OR MOST RECENT POSITION

Name of employer Iron ton Iron Internet Your title Iron Pours, Dry Sand ^{operator}
Address 2520 South 3RD ST, Iron ton OH Kind of business Casting
Describe your position Poured Iron Into Ladle's to pour on mold's
Period of employment from 11 92 to 2-00 Name of person for whom you worked Fred Howell Rate of earnings 13.01 hr
(MO/YR) (MO/YR)
Give exact reason for leaving Plant closed down

NEXT PREVIOUS POSITION

Name of employer Fairchild Buick Your title Detailer
Address 1440 Carter Ave, Asland, Ky Kind of business Automobile
original
Describe your position restored car's to best possible condition
Period of employment from 2-89 to 10-92 Name of person for whom you worked Terry Fairchild Rate of earnings 6.35 hr
(MO/YR) (MO/YR)
Give exact reason for leaving Left to go to Iron ton Iron

NEXT PREVIOUS POSITION

Name of employer _____ Your title _____
Address _____ Kind of business _____
Describe your position _____
Period of employment from _____ to _____ Name of person for whom you worked _____ Rate of earnings _____
(MO/YR) (MO/YR)
Give exact reason for leaving _____

NEXT PREVIOUS POSITION

Name of employer _____ Your title _____
Address _____ Kind of business _____
Describe your position _____
Period of employment from _____ to _____ Name of person for whom you worked _____ Rate of earnings _____
(MO/YR) (MO/YR)
Give exact reason for leaving _____

How much time have you lost from work in the past two years? drawed unemployment For 1 1/2 yr's

For what particular type of work are you making application; e.g., clerical, technical, engineering, professional, sales, labor, etc.

Laborer

Expected wage or salary \$ starting

If applying for clerical work, list special skills. Include typing (wpm), word processing, computer software, and any office machines or equipment you can operate:

If applying for sales, technical, professional, or administrative work, give highlights of any special training or experience which may be helpful:

If applying for labor or craft work, indicate any training or experience which might be useful. Include any equipment or machinery you can operate:

I poured Iron From Hydraulic Furnace's Into Ladle's to be Poured on Mold's. Three ton & Four ton tap's, operated Jackhammer's, winches, overhead Crane's to Lift Furnace Lid's equipment etc; drove tow motor's, did trough repair, cupola repair

Describe any additional qualifications, abilities, or strong points which will help you be successful in the job for which you are applying.

took sample's of Iron, helped get Chemistry of Iron to desired point. Helped cut out old Iron From cupola on shutdown, helped rebuild Cupola, trough's and upkeep of melt Department

PERSONAL REFERENCES:

Please provide the following information on three individuals whom we may contact as references:

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
Fred Howell	OK OAK Ridge Rd	532-8244	IRONTON Iron Supervisor
Bill Click	1302 ADAMS Lane	533-1736	Lawrence County Dog Ward
Clarence Koster	110 North ST	532-8215	Friend co-Worker Ironton Iron

I hereby certify that the foregoing information is accurate, and I authorize AK Steel to verify it. I specifically authorize AK Steel Corporation to obtain information from my former employers and other references, and I authorize my former employers and other references to release information to AK Steel Corporation.

I agree that any false or misleading statement in this application for employment or any additional forms signed by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

I understand that this application is not and is not intended to be a contract of employment. I agree to submit to a physical examination applicable to the requirements of the type of work for which I am applying, including drug and alcohol abuse screening.

Signature of Applicant Glanceel hl Carter

10-01-01 Glanceel hl Carter
Application received by/Date received

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY

CHARGE NUMBER

☐ FEPA
☒ EEOC

241A201041

Cincinnati Area Office

and EEOC

State or local Agency, if any

NAME(Indicate Mr., Ms., Mrs.)

Mr. Darrell Carter

HOME TELEPHONE (Include Area Code)

(740) 533-9840

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

901 South Seventh St.

Ironton, OH 45638

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NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

AK Steel

>20

1-800-331-5050

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

703 Curtis Street

Middletown, Ohio 45043

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☒ RACE ☒ COLOR ☐ SEX ☐ RELIGION ☐ AGE
☐ RETALIATION ☐ NATIONAL ORIGIN ☐ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
EARLIEST (ADEA/EPA) LATEST (ALL)
April 2002

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

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DMLB

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

X 6-8-02 X Darrell H Carter
Date Charging Party (Signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(Date, month, and year)

CHARGE OF DISCRIMINATION
DARRELL CARTER
PAGE 1

I. Overview of Individual and Class Allegations

AK Steel Corporation has discriminated and continues to discriminate against me in the terms and conditions of my application for employment with them on the basis of my race, African-American, by denying me the opportunity to be hired while hiring equally or less qualified white employees and subjecting me to a racially hostile application process and other forms of discrimination. I believe that AK Steel Corporation's actions are part of a continuing pattern and practice of discrimination against African-American applicants for employment and employees, including but not limited to, denying applicants hiring opportunities while providing such opportunities to equally or less qualified white applicants and subjecting them to a racially hostile application process.

II. Statement of Facts

I applied to AK Steel in April 2002 for a General Laborer position at their factory in Ashland, KY. Susan Lester, a woman in charge of recruitment, took my name, scheduled a time for me to take the AK Steel entrance exam, and had me fill out a job application which inquired into standard subjects like my education and work experience. Because of my background of eight years as an Iron Pourer in the Melting Department of Ironton Iron Intermit, I believed myself to be well qualified to do general labor for AK Steel, and anticipated that I would have no trouble passing any test of the skills necessary for this vocation. In addition, I am currently a Human Services Technology student at Ohio University preparing for a career in Case Management at a group home or juvenile delinquent center, so I am accustomed to taking tests. The AK Steel exam asked mechanical and common sense questions which I found to be relatively easy. Two to three weeks later I called Ms. Lester and was informed that I had not passed the test. She refused to discuss my performance with me and cut off all of my questions.

III. Statement of Discrimination

I believe that AK Steel Corporation has discriminated against me and continues to discriminate against me in the terms and conditions of my applications for employment with them on the basis of my race, African-American, in violation of the Civil Rights Act of 1964, as amended, because white applicants with fewer qualifications than me have been hired and I have not, and because I have been subjected to a racially hostile application process and other forms of discrimination and denied the right to apply for work in an environment free of racial discrimination.

I have been adversely affected by these discriminatory practices by being deprived of the equal opportunity to be hired. Such discrimination denies me and other African-Americans the right to be hired for positions for which we are qualified.

This systemic discrimination also adversely affects the status of African-Americans as employees by promoting and reinforcing racial stereotypes and bias in hiring.

**CHARGE OF DISCRIMINATION
DARRELL CARTER
PAGE 2**

IV. Statement of Classwide Discrimination on the Basis of Race

Based on my experiences, I believe that AK Steel Corporation has engaged and continues to engage in a pattern and practice of discrimination against its African-American applicants for employment and employees that denies them equal employment opportunities in ways including but not limited to the following: denying them hiring opportunities while providing such opportunities to equally or less qualified white employees and subjecting them to a racially hostile application process and work environment in which few other African-Americans are employed. This policy violates Title VII of the 1964 Civil Rights Act, 42 U.S.C. Section 2000(e), et seq.

I believe this policy has effected a class of black persons comprised of all past, present and future black applicants for employment with AK Steel. I believe that these discriminatory practices occur throughout AK Steel Corporation. I make this charge on behalf of myself and all similarly situated African-American applicants for employment and employees.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 6-8-02

Glenn H. Carter

Charging Party (signature)

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION

VIVIAN BERT, *et al.*,

Plaintiffs,

v.

AK STEEL CORPORATION,

Defendant.

Case No. C-1-02-467
Judge Beckwith
Magistrate Judge Hogan

EXHIBIT

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DMB

PLAINTIFFS' INITIAL DISCLOSURES

Plaintiffs, through their counsel, submit the following disclosures pursuant to Rule 26(a)(1) of the Federal Rules of Civil Procedure:

1. The name and, if known, the address and telephone number of each individual likely to have discoverable information relevant to disputed facts alleged with particularity in the pleading identifying the subjects of the information.

Lay Witnesses: See Attachment A.

Additional witnesses may include any of the Defendant's hiring personnel, management, or any other employees who have otherwise witnessed the violations alleged in Plaintiffs' complaint. Discovery is continuing and ongoing and Plaintiffs reserve the right to supplement this response as additional facts become available.

Expert Witnesses: At this time, expert witnesses are not identified. Plaintiffs' counsel will provide information pursuant to the Case Management Order in this case.

2. **A copy of, or a description by category and location of, all documents, data compilations, and tangible things in the possession, custody, or control of the party that are relevant to disputed facts alleged with particularity in the pleadings.**

See Attachment B.

Additional supporting documentation may include documentation in the possession of Defendants. Such documents may include any personnel files, postings, bids, manuals, notices, agreements, or other writings documenting the Plaintiffs' and putative class members' employment, applications for employment, and/or opportunities for advancement or lack thereof and Defendants' policies on discrimination and harassment.

Plaintiffs objects to the production of any documents which are protected by the attorney-client privilege or the work-product doctrine. Discovery is continuing and ongoing and Plaintiffs reserve the right to supplement this response as additional facts become available.

3. **A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered.**

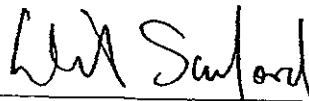
The actual nominal and punitive damage amounts are currently unknown and will be determined at a later date. This response will be supplemented as further information becomes available. In determining the amount of Plaintiffs' damages, Plaintiffs may need to rely upon information in the possession of the Defendant to be obtained during discovery, as well as the opinion of an expert or experts.

4. **For inspection and copying as under Rule 34 any insurance agreement under**

which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

Not applicable to Plaintiffs.

Respectfully submitted this 3rd day of February, 2003.



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Attorneys for Plaintiffs

which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

Not applicable to Plaintiffs.

Respectfully submitted this 3rd day of February, 2003.

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Facsimile: (513) 241-7863

Attorneys for Plaintiffs

ATTACHMENT A

Lay Witness Testimony:¹

1. Vivian Bert

- a) Donna Phillips
Oklahoma Department of Transportation
200 N. E. 21st Street
Oklahoma City, OK 73105

Phillips may have knowledge of Bert's character, qualifications, level of experience, and job performance.

- b) Clyde W. Thomas
Oklahoma Department of Transportation
200 N. E. 21st Street
Oklahoma City, OK 73105

Thomas may have knowledge of Bert's character, qualifications, level of experience, and job performance.

2. Thaddeus Freeman

None at this time.

3. Darrell Carter

- a) Mark Collins
223 9th Street
Ashland, KY 4110

Collins may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Susan Lester
AK Steel, HR Manager
P.O. Box 191
Ashland, KY 41105

¹ Witnesses are listed according to the Plaintiff to whose claims they are believed to be most directly relevant. Plaintiffs reserve the right to take the position that such testimony is relevant to the claims of other Plaintiffs and/or the claims of the putative class.

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

- c) Darlene Denise Carter
908 South 8th St.
Ironton, OH 45638

D. Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- d) Marnie Carter
908 South 8th St.
Ironton, OH 45638

M. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

4. Edward James Lewis

- a) Allen Roberts
P.O. Box 552
Middletown, OH 45044

Roberts may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Lewis's character, qualifications, level of experience, and job performance.

5. Timothy Oliphant

None at this time.

6. Mary Harris

None at this time.

7. Roderique Russell

None at this time.

8. Kay Jackson

- a) Brooks Carmichael Jackson
1223 Winifred St.
Greenup, KY 41144

B. Jackson may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Jackson's character, qualifications, level of experience, and job performance.

- b) Roger Grundman, Jr.
Tenneco Packaging
18 Peck Avenue
P.O. Box 148
Glens Falls, New York 12801-0148

Grundman may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- c) Mimi Louiso
Tenneco Packaging
9960 Raquet Club Lane
Glen Allen, VA 23060

Louiso may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- d) Gary Hamm
Tenneco Packaging/AVI
300 Harris Road
Wurtland, KY 41144

Hamm may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- e) Jackie Smith
Tenneco Packaging/AVI
300 Harris Road
Wurtland, KY 41144

Smith may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- f) Garry R. Lewis
Tenneco Packaging/AVI

300 Harris Road
Wurtland, KY 41144

Lewis may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

9. Marnie Carter

- a) Darrell Carter
901 South 7th St.
Ironton, OH 45638

Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Darlene Denise Carter
908 South 8th St.
Ironton, OH 45638

D. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

- c) Susan Lester
AK Steel, HR Manager
P.O. Box 191
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

10. Darlene Denise Carter

- a) Darrell Carter
901 South 7th St.
Ironton, OH 45638

Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Marnie Carter
908 South 8th St.

Ironton, OH 45638

M. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

- c) Susan Lester
AK Steel, HR Manager
P.O. Box 191
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

11. Dwight Lewis

- a) Susan Lester
AK Steel, HR Manager
P.O. Box 191
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Lewis's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

12. Michael Miller

- a) Jessica Hicks

Hicks, an employee of the Defendant, may have information regarding Miller's application for employment with the AK Steel. Hicks may also have information regarding race discrimination in hiring at AK Steel.

- b) Ella Moreland
Heidelberg Web Systems
4900 Webster Street
Dayton, Ohio 45414

Moreland may have knowledge of Miller's character, qualifications, level of experience, and job performance.

13. Ronald Sloan

a) Jessica Hicks

Hicks, an employee of the Defendant, may have information regarding Sloan's application for employment with the AK Steel. Hicks may also have information regarding race discrimination in hiring at AK Steel.

14. Donald Edwards

None at this time.

15. Shawn Pryor

None at this time.

16. Tiffany Jackson

a) Rodney Cosby
1202 Winifred St.
Greenup, KY 41144

Cosby may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Jackson's character, qualifications, level of experience, and job performance.

b) Susan Lester
AK Steel, HR Manager
P.O. Box 191
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Jackson's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

c) Pat Amitrano
Department of Public Works
11 Wurtz Avenue
Utica, NY 13502

Amitrano may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

d) James Mack
User Friendly Software Systems

239 Genesee Street
Utica, NY 13502

Mack may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

e) Brian Boyle
Liebert Corporation
3040 South 9th Street
Ironton, OH 45638

Boyle may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

17. Allen Roberts

None at this time.

ATTACHMENT B

1. Vivian Bert

Tax returns from 1999, 2000, and 2001
Resume
EEOC Charge
Job application
Notebook

2. Thaddeus Freeman

Tax returns from 1999, 2000 and 2001
EEOC Charge
Correspondence related to EEOC charge
Resume

3. Darrell Carter

None at this time.

4. Edward James Lewis

None at this time.

5. Timothy Oliphant

None at this time.

6. Mary Harris

Tax returns from 1999, 2000 and 2001
EEOC Charge
Resume

7. Roderique Russell

None at this time.

8. Kay Jackson

W2 Wage and Tax Statements 1999, 2000, 2001
EEOC Documents

Resume
Letters of Recommendation
Copies of prescriptions
Notice of Dismissal
Copy of high school diploma
Copy of application to Shawnee Medical Center

9. Marnie Carter

None at this time.

10. Darlene Denise Carter

None at this time.

11. Dwight Lewis

Calender
Tax Returns 1999, 2000, 2001
Resume
EEOC Charge and related Documents

12. Michael Miller

Tax Returns 2000, 2001
Resume
Transcript, Sinclair Community College, Associate of Applied Science
Letter of Recommendation
EEOC Charge and related Documents
Work Force Reduction Notification, Heidelberg Web Systems

13. Ronald Sloan

Tax Returns: 1999, 2000, 2001
EEOC charge
Resumes
Certificate of Discharge from Active Military Duty, Honorable
Certificate regarding Naval Training and Experience
cover letter
electronics certificate

14. Donald Edwards

None at this time.

15. Shawn Pryor

W2 Wage and Tax Statements: 1999, 2000, 2001
High School Diploma
Dipoloma, Miami University of Ohio, BA

16. Tiffany Jackson

Tax Returns: 1999, 2000 and 2001
EEOC Charge and Related Documents
Resume
Calendar notes
Letters of reference
Paralegal certificate
Forklift certificate

17. Allen Roberts

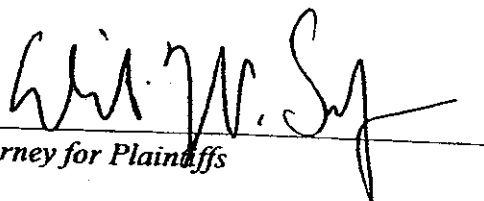
None at this time.*

*At present, Plaintiffs continue to review documents in the possession of Roberts and will supplement these initial disclosures as soon as practicable.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of Plaintiffs' Initial Disclosures was served this 3rd day of February, 2003, via facsimile and first-class mail, postage prepaid, upon:

ROGER A. WEBER
TAFT, STETTINIUS & HOLLISTER LLP
1800 FIRSTAR TOWER
425 WALNUT STREET
CINCINNATI, OH 452023959
Telephone: (513) 381-2838
Facsimile: (513) 381-0205



Attorney for Plaintiffs

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

EXHIBIT

VIVIAN BERT, et al.,

Plaintiffs,

 \dot{V}_c

AK STEEL CORPORATION,

Defendant.

CASE NO. C-1-02-467

Judge Beckwith

Magistrate Judge Hogan

PLAINTIFF DARRELL CARTER'S RESPONSES TO
DEFENDANT A. K. STEEL CORPORATION'S FIRST SET OF INTERROGATORIES

Comes now the Plaintiff, Darrell Carter, by and through his undersigned counsel of record and responds to the Defendant's First Set of Interrogatories as follows:

GENERAL OBJECTIONS

1. The Plaintiff objects to the definitions and instructions accompanying these interrogatories to the extent that they seek to impose burdens, duties and obligations upon the Plaintiff in excess of or different from those imposed by applicable law and the Federal Rules of Civil Procedure; Plaintiff will respond in accordance with said law and rules.

2. The Plaintiff objects to these requests to the extent they seek information and/or documentation regarding matters about which the Defendant has knowledge but has failed to disclose, or so limited their responses to previous discovery of the Plaintiff, so as to in effect deny the Plaintiff the information requested and needed by them to answer these requests.

3. The Plaintiff objects to these requests to the extent they seek to discover "core" work product, including the disclosure of the mental impressions, conclusions, opinions, and/or legal theories of

attorneys or other representatives of the Plaintiff, rather than seeking this information from the Plaintiff.

4. The Plaintiff objects to these requests to the extent they seek information and/or documentation protected by the attorney-client privilege or any other applicable privilege.

5. The Plaintiff objects to these requests to the extent that the Defendant is seeking to make them into a bill of particulars.

6. The Plaintiff objects to these requests to the extent they seek to require Plaintiff's counsel to present a "dress rehearsal" of the evidence to be submitted in the course of the proceedings. The mental impressions, legal theories, legal conclusions, and legal opinions of Plaintiff's counsel, as well as any communications between Plaintiff and her counsel, are clearly protected from discovery by the attorney-client privilege and the work product doctrine.

7. The Plaintiff objects to these requests to the extent that the information and/or documentation sought, if any, was obtained and prepared in anticipation of litigation and the Defendants have not made the required showing of substantial need for the information and/or documentation or that the substantial equivalent of such information and/or documentation is unobtainable by other means. The Plaintiff further objects to these requests to the extent that the information and/or documentation called for, if any, is protected and is not discoverable under Rule 26(b)(3) of the Fed. R. Civ. P. and Hickman v. Taylor, 329 U.S. 495 (1947).

8. The Plaintiff objects to these requests to the extent that they seek information and/or documentation that is equally available to the Defendant and the burden on the Defendant to obtain the requested information and/or documentation is no greater than the burden on the Plaintiff.

9. The Plaintiff objects to these requests to the extent they exceed the requirements of Rules

26, 30, 34 or 45 of the Fed. R. Civ. P.

10. The Plaintiff objects to these requests to the extent they seek information and/or documentation relating to expert witnesses, witnesses, and trial exhibits in excess of the disclosure duties imposed by the Fed. R. Civ. P. and the Court's Scheduling and Pretrial Orders relating to such matters.

11. The Plaintiff objects to these requests to the extent they require the Plaintiff to disclose "each and every" fact or piece of knowledge possessed by them as such a requirement is impossible to fulfill and is objectionably broad for failure to be "reasonably particularized".

12. The Plaintiff objects to these requests to the extent they request duplicative and cumulative information and/or documentation heretofore disclosed in conjunction with discovery already undertaken by the Defendant in this action.

13. The Plaintiff objects to these requests to the extent that they seek to require the Plaintiff's attorneys to divulge the substance of information and/or documentation developed by them (i.e., interpretive, not investigatory) in preparation for any hearing or trial in this action.

14. The Plaintiff objects to these requests to the extent that they do not, on their face, restrict themselves either to an identifiable time or a reasonable, rationally-based time frame.

15. The Plaintiff objects to these requests to the extent that they seek information and/or documentation from the Plaintiff regarding matters about which the Defendant has refused or objected to providing in their interrogatory or request for production responses.

16. The Plaintiff objects to these requests to the extent that they are oppressive, i.e., they were designed to create an unreasonable burden on the Plaintiff which burden is not commensurate with the professed result sought.

17. The Plaintiff objects to these interrogatories to the extent they seek answers to multiple interrogatories within a single interrogatory.

18. These requests are addressed to the Plaintiff and the responses herein are based on information and/or documentation presently available to the Plaintiff. Investigation is presently continuing, however, and additional information and/or documentation pertinent to these requests may well be disclosed as a result of such ongoing and continuing investigation.

Except as otherwise indicated, the Plaintiff incorporates the General Objections into each and every answer set forth below. Without waiving the foregoing objections, the Plaintiff answers as follows:

INTERROGATORY NO. 1: Identify all litigation or legal proceedings in which you have been a witness or party, including the name and number of the case, the court or administrative agency for which the case was pending, and a brief description of the nature of the case, and the year in which the matter was pending.

SPECIFIC OBJECTION TO REQUEST: Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

ANSWER: Bert, et al, v. AK Steel
Case No.: 1:02-CV-00467
United States District Court
Southern District of Ohio (Cincinnati)
Nature of case: Race discrimination in hiring

INTERROGATORY NO. 2: Identify all employers for whom you have worked since January 1, 2001, including the dates of employment, the positions held, amounts paid per week, and reason for

leaving, if applicable.

SPECIFIC OBJECTION TO REQUEST: Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

ANSWER: Intergrated Housekeeping from 9-16-02 to 7-28-03 as Janitor, Maintenance - \$280.00 per week - left because of seniority issues; Lawrence County Area CAO, Ironton, Ohio - 9-21-03 to 5-7-04 as Public Service Employee - \$400.00 per week - was a part time program that expired; Infocisian Management Corporation, 3350 Woodville Drive, Huntington, West Virginia from 5-9-05 to 5-20-05 - \$280.00 per week; call center, left because not suited to the job; Laborer's Local 1445 Catlettsburg, Kentucky from 1/2/06 thru 3/5/06 - \$680.00 per week; left because of problems related to alcohol.

INTERROGATORY NO. 3: Identify all employers to whom you applied for employment since January 1, 2001, including the date you submitted written applications, the job to which you applied, the dates you were interviewed, the employers who tendered you job offers, and a description of the offer.

SPECIFIC OBJECTION TO REQUEST: Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

ANSWER: I have applied to A. K. Steel Corporation in April of 2002 and they informed me

I failed the test, but never could get the test results. Please see the responses to Interrogatory No. 2.

INTERROGATORY NO. 4: Identify all income received from whatever source, by amount each week after January 1, 2001.

ANSWER: Please see the attached W-2 forms and income tax records.

INTERROGATORY NO. 5: Identify by name, address and telephone number all individuals who have knowledge about or information about the allegations in the Complaint, and state a summary of what you believe their knowledge to be.

ANSWER: Kaye Jackson, Ronald Sloan, Marnie Carter, Roderique Russell, Darlene Carter, Dwight Lewis and Vivian Bert and Fred Howell, a previous supervisor at Ironton Iron Internet in Ironton, Ohio for the years I worked there.

INTERROGATORY NO. 6: Identify all individuals who you intend to call as witnesses in the litigation of this matter.

SPECIFIC OBJECTION TO REQUEST: Plaintiffs objects because this Interrogatory violates the Court's Order establishing a deadline for Plaintiff to disclose witnesses and testimony. Plaintiff further objects to the extent this interrogatory seeks information protected by the attorney-client privilege or other privilege and/or the work product doctrine. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

ANSWER: Plaintiff will abide by the deadlines established by the Court and the disclosure requirements set by the Federal Rules of Civil Procedure to disclose the witnesses they will use at trial in this case.

Respectfully Submitted,



Robert F. Childs, Jr.

Herman N. Johnson, Jr.

WIGGINS, CHILDS, QUINN & PANTAZIS

The Kress Building

301 19th Street North

Birmingham, Alabama 35203

(205) 328-0640

(205) 254-1500 (facsimile)

Tobias, Kraus & Torchia, LLP

414 Walnut Street

Suite 911

Cincinnati, Ohio 45202

(513) 241-8137

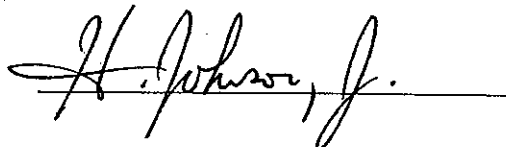
(513) 241-7863 (facsimile)

ATTORNEYS FOR THE PLAINTIFFS

CERTIFICATE OF SERVICE

I do hereby certify that on May 4, 2007, I served the foregoing via U.S. Mail and electronic mail upon the following:

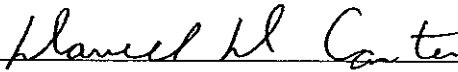
Gregory Parker Rogers
Lawrence James Barty
Patricia Anderson Pryor
Taft, Stettinius & Hollister, LLP
1800 First Star Tower
425 Walnut Street
Cincinnati, OH 45202
Fax: (513) 381-0205



PLAINTIFFS' COUNSEL

VERIFICATION

I, Darrell Carter, hereby state that the answers to the foregoing interrogatories are true and complete to the best of my knowledge.



Darrell Carter

This the 2ND day of April, 2007.

IRONTON-LAWRENCE COUNTY AREA CAO INC

Earnings History

From 1/1/2003 Through 5/7/2004

Employee Name	Social Security Number	Pay Date	PTD Hours	PTD Amount	Earning Code
DARRELL D. CARTER		10/10/2003	54.00	540.00	WAGES
DARRELL D. CARTER		10/24/2003	72.00	720.00	WAGES
DARRELL D. CARTER		11/7/2003	76.00	760.00	WAGES
DARRELL D. CARTER		11/21/2003	73.50	735.00	WAGES
DARRELL D. CARTER		12/5/2003	59.00	590.00	WAGES
DARRELL D. CARTER		12/19/2003	70.50	705.00	WAGES
DARRELL D. CARTER		1/2/2004	62.00	620.00	WAGES
DARRELL D. CARTER		1/16/2004	61.00	610.00	WAGES
DARRELL D. CARTER		1/30/2004	61.50	615.00	WAGES
DARRELL D. CARTER		2/13/2004	48.50	485.00	WAGES
DARRELL D. CARTER		2/27/2004	72.00	720.00	WAGES
DARRELL D. CARTER		3/12/2004	48.00	480.00	WAGES
DARRELL D. CARTER		3/26/2004	76.00	760.00	WAGES
DARRELL D. CARTER		4/9/2004	64.00	640.00	WAGES
DARRELL D. CARTER		4/23/2004	60.00	600.00	WAGES
DARRELL D. CARTER		5/7/2004	71.00	710.00	WAGES

Report Total

1,029.00

10,290.00

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Participant's Name: Darrell D Carter Date: 9-18-06
 Address: 901 50th City: REPORTER State: OH Zip: 45638
 Phone: 555-5557 Cell: 555-2107 E-mail: D Carter 45@yahoo.com

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Job Search Log

Date	Company Name	Application	Resume	Position	Follow-Up
9-18-06	Chick-Fil-A	yes		Cook	yes
9-18-06	ENGINEER'S INC.	yes		Laborer	yes
9-18-06	Community Saffey	yes		Laborer	yes
9-18-06	Rumpke	yes		Laborer	yes
9-18-06	Nanny In A Pinch	yes		Laborer	yes
9-18-06	Special metal	yes		Laborer	yes
9-18-06	Emerson Inc Liebert	yes	yes	Laborer	
10-19-06	Scioto Plastic	yes	yes	Laborer	Stacie STAK
10-31-06	Rumpke	yes	yes	printer	yes
11-27-06	ONYX	yes	yes	Laborer	yes
12-10-06	Kentucky Fried Chicken	yes	no	Cook	yes
1-10-07	CITY OF IRONTON	yes	no	Laborer	yes
1-18-07	Liebert Corporation	yes	yes	Assembler	yes

OMB No. 1545-0008


1 Wages, tips, other compensation 33,506.31		2 Federal income tax withheld 3,324.52	
b Employer identification number 31-1117407		3 Social security wages 33,506.31	
d Employee's social security number		4 Social security tax withheld 2,077.39	
		5 Medicare wages and tips 33,506.31	
		6 Medicare tax withheld 485.84	
c Employer's name, address and Zip code III 0096 20 25212 1 IRONTON IRON, INC. 3445 CORPORATE DR SUITE 200 TROY, MI 48068			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12 Benefits included in box 1	
13		14 Other	
e Employee's name (first, middle, initial, last) DANKELL CARTER 901 S 7TH ST APT C IRONTON OH 45638		15 Statutory employee <input checked="" type="checkbox"/> Deceased employee <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input checked="" type="checkbox"/> Deferred compensation <input type="checkbox"/>	
16 State Employer's state ID, no. OH 51-634692-9		17 State wages, tips, etc. 33,506.31	
18 State income tax 1,163.16		19 Locality name IRONTON CITY 3-2-01-002724	
20 Local wages, tips, etc. 34,311.31		21 Local income tax 343.17	

Form **W-2** Wage and Tax Statement

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury-Internal Revenue Service

CONFIDENTIAL

STATE OF OHIO OHIO DEPARTMENT OF JOB & FAMILY SERVICES 145 SOUTH FRONT STREET PO BOX 1618 COLUMBUS, OH 43216-1618 1-614-466-9334		1. Unemployment Compensation \$4,671.00	OMB No. 1510-0047 2004 Form 1099-G	Certain Government Payments
PAYER'S Federal Identification number 31-1334373	RECIPIENT'S Identification number	2. Tax Year 2004	3. Federal income tax withheld \$0.00	COPY B FOR RECIPIENT: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address and zip code DARRELL D. CARTER 901 SOUTH SEVENTH ST IRONTON, OH 45638-1972 				
Notice to Recipient. The Tax Reform Act of 1986 provides that all unemployment benefits will become taxable income with respect to benefits received after December 31, 1986, and must be reported. Payers must furnish Copy B of the 1099-G form to the person receiving the payments by January 31 of the year following the calendar year of the payments. Payer will furnish Copy A of this form to the IRS. Box 1 of this form shows the total amount of unemployment compensation you received. Report this amount as income on the unemployment compensation line of your income tax return. Box 2 reflects the calendar year in which the payments in Box 1 were paid. Box 3 reflects the total amount of federal income tax withheld per payee's request and has been sent to the IRS. Include this amount on your income tax return as tax withheld. You may receive more than one 1099-G from the State of Ohio for benefits received during 2004. Should you receive more than one 1099-G, you must combine the data of both forms. All 1099-Gs will be mailed no later than January 31, 2005.				

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Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

55-0737752
Document 138-4 Filed 12/12/2007 Page 43 of 53

Form W-2 Wage and Tax Statement 2005

Department of the Treasury - Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's State, City or Local Tax Department

1 Wages, tips, other compensation **241.50**

2 Federal income tax withheld **14.97**

3 Social security wages **241.50**

4 Social security tax withheld **14.97**

5 Medicare wages and tips **241.50**

6 Medicare tax withheld **3.50**

7 Social security tips

8 Allocated tips

9 Advance EIC payment

10 Dependent care benefits

11 Nonqualified plans

14 Other

18 Local wages, tips, etc. **241.50**

19 Local income tax **2.42**

20 Locality name **IRONTON**

15 State **OH** **16** State wages, tips, etc. **241.50** **17** State income tax **.74**

12a See Instructions for Box 12

12b

12c

12d

13 Statutory employee ☐ Retirement Plan ☐ Third Party Sick Pay ☐

14 Employee's name, address, and ZIP code

1063 **27600 3443744**

DARRELL D CARTER
901 SOUTH 7TH
IRONTON OH 45638

FORM W-2 2005

d Employee's social security number

Form W-2 Wage and Tax Statement 2005

Department of the Treasury - Internal Revenue Service OMB # 1545-0008 Copy C for Employee's Records

1 Wages, tips, other compensation

2 Federal income tax withheld

3 Social security wages

4 Social security tax withheld

5 Medicare wages and tips

6 Medicare tax withheld

7 Social security tips

8 Allocated tips

9 Advance EIC payment

10 Dependent care benefits

11 Nonqualified plans

14 Other

18 Local wages, tips, etc. **75.00**

19 Local income tax **2.00**

20 Locality name **HUNTINGTON**

15 State **WV** **16** State wages, tips, etc.

17 State income tax

12a See Instructions for Box 12

12b

12c

12d

13 Statutory employee ☐ Retirement Plan ☐ Third Party Sick Pay ☐

14 Employee's name, address, and ZIP code

1063 **27600 3443744**

DARRELL D CARTER
901 SOUTH 7TH
IRONTON OH 45638

FORM W-2 2005

d Employee's social security number

CONFIDENTIAL

Form W-2 Wage and Tax Statement 2004

Department of the Treasury - Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's State, City or Local Tax Department

1 Wages, tips, other compensation **536.25**

2 Federal income tax withheld

3 Social security wages **536.25**

4 Social security tax withheld **33.25**

5 Medicare wages and tips **536.25**

6 Medicare tax withheld **7.78**

7 Social security tips

8 Allocated tips

9 Advance EIC payment

10 Dependent care benefits

11 Nonqualified plans

14 Other

18 Local wages, tips, etc. **536.25**

19 Local income tax **5.37**

20 Locality name **IRONTON**

15 State **OH** **16** State wages, tips, etc. **536.25** **17** State income tax **3.54**

12a See Instructions for Box 12

12b

12c

12d

13 Statutory employee ☐ Retirement Plan ☐ Third Party Sick Pay ☐

14 Employee's name, address, and ZIP code

1063 **2023097**

DARRELL D CARTER
901 SOUTH 7TH
IRONTON OH 45638

FORM W-2 2004

d Employee's social security number

CONFIDENTIAL

Form W-2 Wage and Tax Statement 2004

Department of the Treasury - Internal Revenue Service OMB # 1545-0008 Copy C for Employee's Records

1 Wages, tips, other compensation **536.25**

2 Federal income tax withheld

3 Social security wages **536.25**

4 Social security tax withheld **33.25**

5 Medicare wages and tips **536.25**

6 Medicare tax withheld **7.78**

7 Social security tips

8 Allocated tips

9 Advance EIC payment

10 Dependent care benefits

11 Nonqualified plans

14 Other

18 Local wages, tips, etc. **536.25**

19 Local income tax **5.37**

20 Locality name **IRONTON**

15 State **OH** **16** State wages, tips, etc. **536.25** **17** State income tax **3.54**

12a See Instructions for Box 12

12b

12c

12d

13 Statutory employee ☐ Retirement Plan ☐ Third Party Sick Pay ☐

14 Employee's name, address, and ZIP code

1063 **2023097**

DARRELL D CARTER
901 SOUTH 7TH
IRONTON OH 45638

FORM W-2 2004

d Employee's social security number

Instructions (Also see Notice to Employees on back of Copy B.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 3. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 4. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

Box 5. This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040) or Form 2441, Child and Dependent Care Expenses, to complete any taxable and nontaxable amounts.

Box 6. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes the year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 7. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, G, H, and S) under all plans are generally limited to \$13,000, (\$16,000 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in 2004, your employer may have allowed an additional deferral of up to \$3,000 (\$1,500 for section 401(a)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3

years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See "Vigors, Salaries, Tips, etc." the instructions for Form 1040.

NOTE: If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips (include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

B—Uncollected Medicare tax on tips (include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(a)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonactive deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)

J—Nontaxable sick pay (not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)

L—Substantiated employee business expense reimbursements (nontaxable, M—Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

R—Employer contributions to your Archer (MSA) (see Form 8853, Archer MSAs and Long-Term Care Insurance Contracts)

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

W—Employer contributions to your Health Savings Account (see new Form 8889, Health Savings Accounts)

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

CONFIDENTIAL

a Control number 60110		22222		OMB No. 1545-0008		Void <input type="checkbox"/>	
b Employer identification number (EIN) 22-3270937				1 Wages, tips, other compensation 3234.14			
c Employer's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-				2 Federal income tax withheld 189.09			
				4 Social security tax withheld 200.52			
				6 Medicare tax withheld 46.89			
				8 Allocated tips			
d Employer's social security number				9 Advance EIC payment			
e Employee's name, address, and ZIP code DARRELL 901 SOUTH 7TH STREET IRONTON, OH 45638				10 Dependent care benefits			
				11 Nonqualified plans			
				12a See instructions for box 12			
				12b			
				12c			
				12d			
13 Statutory employee <input type="checkbox"/>				18 Local wages, tips, etc. 3234.14			
14 Other				19 Local income tax OH NO			
15 State Employer's state ID number OH 52-432696-2				16 State wages, tips, etc. 3234.14			
17 State income tax 117.81				20 Locality name OH NO			

W-2 Wage and Tax Form

Copy D - For Employer or
Copy 1 - For State, City, or Local Tax Department

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

CONFIDENTIAL

a Control number 60110		22222 Void <input type="checkbox"/>		OMB No. 1545-0008	
b Employer identification number (EIN) 22-3270937			1 Wages, tips, other compensation 3234.14		2 Federal income tax withheld 189.09
c Employer's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-			3 Social security wages 3234.14		4 Social security tax withheld 200.52
			5 Medicare wages and tips 3234.14		6 Medicare tax withheld 46.89
			7 Social security tips		8 Allocated tips
d Employee's social security number			9 Advance EIC payment		10 Dependent care benefits
e Employee's name, address, and ZIP code DARRELL CARTER 901 SOUTH 7TH STREET IRONTON, OH 45638			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee <input type="checkbox"/>		12b
			Retirement plan <input type="checkbox"/>		
			Third-party sick pay <input type="checkbox"/>		
			14 Other		12c
					12d
15 State Employer's state ID number OH 52-432696-2		16 State wages, tips, etc. 3234.14		17 State income tax 117.81	18 Local wages, tips, etc. 3234.14
					19 Local income tax OH NO
					20 Locality name OH NO

Form W-2 Wage and Tax Statement
Copy D - For Employer or
Copy 1 - For State, City, or Local Tax Department

2006

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see back of Copy D.

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Copy B-To Be Filed With Employee's FEDERAL Tax Return			2006 OMB No. 1545-0008		
a Control number 60110		1 Wages, tips, other comp. 3234.14		2 Federal income tax withheld 189.09	
b Employer ID number (EIN) 22-3270937		3 Social security wages 3234.14		4 Social security tax withheld 200.52	
		5 Medicare wages and tips 3234.14		6 Medicare tax withheld 46.89	
c Employer's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-					
d Employee's social security number					
e Employee's name, address, and ZIP code DARRELL CARTER 901 SOUTH 7TH STREET IRONTON, OH 45638					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
13 Statutory employee <input type="checkbox"/>		14 Other		12b Code	
Retirement plan <input type="checkbox"/>				12c Code	
Third-party sick pay <input type="checkbox"/>				12d Code	
OH 52-432696-2		3234.14		117.81	
15 State Employer's state I.D. no.		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc. 3234.14		19 Local income tax OH NO LOC		20 Locality name OH NO LOC	

Form W-2 Wage and Tax Statement
 This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)			2006 OMB No. 1545-0008		
a Control number 60110		1 Wages, tips, other comp. 3234.14		2 Federal income tax withheld 189.09	
b Employer ID number (EIN) 22-3270937		3 Social security wages 3234.14		4 Social security tax withheld 200.52	
		5 Medicare wages and tips 3234.14		6 Medicare tax withheld 46.89	
c Employer's name, address, and ZIP code SHARED SYSTEMS TECHNOLOGY PO BOX 408 SEWELL, NJ 08080-					
d Employee's social security number					
e Employee's name, address, and ZIP code DARRELL CARTER 901 SOUTH 7TH STREET IRONTON, OH 45638					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
13 Statutory employee <input type="checkbox"/>		14 Other		12b Code	
Retirement plan <input type="checkbox"/>				12c Code	
Third-party sick pay <input type="checkbox"/>				12d Code	
OH 52-432696-2		3234.14		117.81	
15 State Employer's state I.D. no.		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc. 3234.14		19 Local income tax OH NO LOC		20 Locality name OH NO LOC	

Form W-2 Wage and Tax Statement
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

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1 Wages, tips, other comp. 379.00		2 Federal income tax withheld 379.00	
3 Social security wages 379.00		4 Social security tax withheld 23.50	
5 Medicare wages and tips 379.00		6 Medicare tax withheld 5.50	
a Control number 625373 11/WQH		Dept. 399150	
b Employer's name, address, and ZIP code		c Employer's name, address, and ZIP code	
DARRELL D CARTER 901 S 7TH ST IRONTON, OH 45638		INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DR AKRON OH 44333	
d Employer's FED ID number 34-1367630		e Employer's name, address and ZIP code	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
12c		12d	
13 Stat emp. Ret. plan and party sick pay		14 Other	
15 State Employer's state ID no. OH 51-6723640		16 State wages, tips, etc. 379.00	
17 State income tax 3.95		18 Local wages, tips, etc.	
19 Local income tax 3.95		20 Locality name	

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1 Wages, tips, other comp. 379.00		2 Federal income tax withheld 379.00	
3 Social security wages 379.00		4 Social security tax withheld 23.50	
5 Medicare wages and tips 379.00		6 Medicare tax withheld 5.50	
a Control number 625373 11/WQH		Dept. 399150	
b Employer's name, address, and ZIP code		c Employer's name, address, and ZIP code	
DARRELL D CARTER 901 S 7TH ST IRONTON, OH 45638		INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DR AKRON OH 44333	
d Employer's FED ID number 34-1367630		e Employer's name, address and ZIP code	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
12c		12d	
13 Stat emp. Ret. plan and party sick pay		14 Other	
15 State Employer's state ID no. OH 51-6723640		16 State wages, tips, etc. 379.00	
17 State income tax 3.95		18 Local wages, tips, etc.	
19 Local income tax 3.95		20 Locality name	

Batch #01875

Employer's name, address, and ZIP code
INFOCISION MANAGEMENT
CORPORATION
325 SPRINGSIDE DR
AKRON OH 44333

Control number 625373 11/WQH
Dept. 399150
Employer use only

OMB No. 1545-0048
2005
W-2 Wage and Tax Statement
Visit the IRS website at www.irs.gov for accurate, up-to-date information.

2005 W-2 and Earnings Summary

This blue earnings summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	379.00	Social Security	23.50	OH State Income Tax	3.95
Fed. Income Tax Withheld	379.00	Box 4 of W-2	379.00	Box 16 of W-2	379.00
Medicare Tax Withheld	5.50	Box 6 of W-2	379.00	Box 17 of W-2	379.00
Wages, Tips, other Compensation	379.00	Box 1 of W-2	379.00	Box 18 of W-2	379.00
Wages	379.00	Box 3 of W-2	379.00	Box 5 of W-2	379.00
Wages, Tips, other Compensation	379.00	Box 1 of W-2	379.00	Box 16 of W-2	379.00

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement:

Gross Pay	379.00	Social Security	23.50	OH State Income Tax	3.95
Fed. Income Tax Withheld	379.00	Box 4 of W-2	379.00	Box 16 of W-2	379.00
Medicare Tax Withheld	5.50	Box 6 of W-2	379.00	Box 17 of W-2	379.00
Wages, Tips, other Compensation	379.00	Box 1 of W-2	379.00	Box 18 of W-2	379.00
Wages	379.00	Box 3 of W-2	379.00	Box 5 of W-2	379.00
Wages, Tips, other Compensation	379.00	Box 1 of W-2	379.00	Box 16 of W-2	379.00

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

DARRELL D CARTER
901 S 7TH ST
IRONTON, OH 45638

Social Security Number: 300-54-7867
Taxable Marital Status: MARRIED
Exemptions/Allowances: FEDERAL: 4
STATE: 4

Form 1040		Department of the Treasury - Internal Revenue Service		U.S. Individual Income Tax Return		2004		(99) IRS Use Only - Do not write or staple in this space																															
Label (See instructions.) Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	For the year Jan. 1 - Dec. 31, 2004, or other tax year beginning		ending		OMB No. 1545-0074																																	
		Your first name and initial DARRELL D		Last name CARTER		Your social security number																																	
		If a joint return, spouse's first name and initial		Last name		Spouse's social security number																																	
		Home address (number and street). If you have a P.O. box, see instructions. 901 SOUTH 7TH STREET		Apt. no.		Important! You must enter your SSN(s) above.																																	
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. IRONTON, OH 45638																																							
Presidential Election Campaign (See instructions.)		Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <table border="0"> <tr> <td>You</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>								You	Spouse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
You	Spouse																																						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instr.)																																					
Exemptions		6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)</th> </tr> </thead> <tbody> <tr> <td>ALISA</td> <td>CARTER</td> <td></td> <td>DAUGHTER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DENISE</td> <td>CARTER</td> <td></td> <td>DAUGHTER</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>DARREL</td> <td>CARTER</td> <td></td> <td>SON</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> If more than four dependents, see instructions. <table border="0"> <tr> <td>Boxes checked on 6a and 6b</td> <td>1</td> </tr> <tr> <td>No. of children on 6c who:</td> <td></td> </tr> <tr> <td>• lived with you</td> <td>3</td> </tr> <tr> <td>• did not live with you due to divorce or separation (see instructions)</td> <td></td> </tr> <tr> <td>Dependents on 6c not entered above</td> <td></td> </tr> </table> d Total number of exemptions claimed 4								(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)	ALISA	CARTER		DAUGHTER	<input type="checkbox"/>	DENISE	CARTER		DAUGHTER	<input checked="" type="checkbox"/>	DARREL	CARTER		SON	<input type="checkbox"/>	Boxes checked on 6a and 6b	1	No. of children on 6c who:		• lived with you	3	• did not live with you due to divorce or separation (see instructions)		Dependents on 6c not entered above	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)																																			
ALISA	CARTER		DAUGHTER	<input type="checkbox"/>																																			
DENISE	CARTER		DAUGHTER	<input checked="" type="checkbox"/>																																			
DARREL	CARTER		SON	<input type="checkbox"/>																																			
Boxes checked on 6a and 6b	1																																						
No. of children on 6c who:																																							
• lived with you	3																																						
• did not live with you due to divorce or separation (see instructions)																																							
Dependents on 6c not entered above																																							
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8 a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9 a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends (see instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 13 14 Other gains or (losses). Attach Form 4797 14 15 a IRA distributions 15a b Taxable amount (see instr.) 15b 16 a Pensions and annuities 16a b Taxable amount (see instr.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20 a Social security benefits 20a b Taxable amount (see instr.) 20b 21 Other income. List type and amount (see instructions) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 IRA deduction (see instructions) 25 26 Student loan interest deduction (see instructions) 26 27 Tuition and fees deduction (see instructions) 27 28 Health savings account deduction. Attach Form 8889. 28 29 Moving expenses. Attach Form 3903. 29 30 One-half of self-employment tax. Attach Schedule SE 30 31 Self-employed health insurance deduction (see instructions) 31 32 Self-employed SEP, SIMPLE, and qualified plans 32 33 Penalty on early withdrawal of savings 33 34 a Alimony paid b Recipient's SSN 34a 35 Add lines 23 through 34a 35 36 Subtract line 35 from line 22. This is your adjusted gross income 36																																					
Adjusted Gross Income		11,557 CONFIDENTIAL NONE 11,557																																					

Form 1040 (2004)

DARRELL D CARTER

DPW13677.ACR JUE 2004.11

Page 2

Tax and**Credits****Standard
Deduction**

for -

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

37	Amount from line 31 (adjusted gross income)	37	11,557
38 a	Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked 38a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instr and check here 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	7,150
40	Subtract line 39 from line 37	40	4,407
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41	12,400
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	NONE
43	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	NONE
44	Alternative minimum tax (see instructions). Attach Form 6251	44	
45	Add lines 43 and 44	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	NONE
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	NONE
63	Federal income tax withheld from Forms W-2 and 1099	63	64
64	2004 estimated tax payments and amount applied from 2003 return	64	
65 a	Earned income credit (EIC)	65a	2,750
b	Nontaxable combat pay election 65b		
66	Excess social security and tier 1 RRTA tax withheld (see instructions)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	2,814
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	2,814
72 a	Amount of line 71 you want refunded to you	72a	2,814
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74	
75	Estimated tax penalty (see instructions)	75	NONE

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Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit?
See instructions and fill in 72b, 72c, and 72d.

Amount**You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's

Phone

Personal identification

name

no.

number (PIN)

Sign**Here**

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Jackson Hewitt Tax Service
1708 S 3rd St
Ironton OH 45638

EIN 31-1024105

Phone no.

(740) 532-2794

Form **1040A** Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return** (99) **2005** IRS Use Only - Do not write or staple in this space.

Label (See page 18.) **DARRELL D CARTER**
MARY J CARTER
901 S 7TH STREET
IRONTON, OH 45638

Use the IRS label. Otherwise, please print or type.

OMB No. 1545-0074
 Your social security number
 Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse, if filing jointly, want \$3 each to go to the candidate of your choice (see page 18). ☐ You ☐ Spouse

Filing status
 1 ☐ Single
 2 ☒ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above & your name below.
 4 ☐ Head of household (with qualifying person). (See page 19.)
 5 ☐ Qualifying widow(er) with dependent child (see page 19)

Exemptions
 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
 b ☒ Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qual. child for child tax cr. (see pg 21)

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see pg 21)
DARRELL CARTER JR			SON	
ALISA CARTER			DAUGHTER	

If more than six dependents, see page 21.

Boxes checked on 6a and 6b **2**
 No. of children on 6c who:
 • lived with you **2**
 • did not live with you due to divorce or separation (see page 22)
 Dependents on 6c not entered above
 Add numbers on lines above **4**

d Total number of exemptions claimed.

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **23,805.**

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

8a Taxable interest. Attach Schedule 1 if required. **8a**
 b Tax-exempt interest. Do not include on 8a. **8b**
 9a Ordinary dividends. Attach Schedule 1 if required. **9a**
 b Qualified dividends (see page 25). **9b**
 10 Capital gain distributions (see page 27). **10**
 11a IRA distributions. **11a**
 11b Taxable amount (see page 25). **11b**
 12a Pensions and annuities. **12a**
 12b Taxable amount (see page 26). **12b**
 13 Unemployment compensation & Alaska Permanent Fund dividends. **13 1,036.**
 14a Social security benefits. **14a**
 14b Taxable amount (see page 28). **14b**
 15 Add lines 7 through 14b (far right column). This is your total income. **15 24,841.**

Adjusted gross income
 16 Educator expenses (see page 27).
 17 IRA deduction (see page 28). **17**
 18 Student loan interest deduction (see page 31). **18**
 19 Tuition and fees deduction (see page 32). **19**
 20 Add lines 16 through 19. These are your total adjustments. **20**
 21 Subtract line 20 from line 15. This is your adjusted gross income. **21 24,841.**

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58. Form 1040A (2005)

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Declaration Control Number (DCN)

00 440084 54390 6

IRS Use Only. Do not write or staple in this space.

Form 8453-OL

U.S. Individual Income Tax Declaration
for an IRS e-file Online Return

OMB No. 1545-0074

2005

Department of the Treasury
Internal Revenue Service

For the year January 1 - December 31, 2005

▶ See separate instructions.

Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	Your first name and initial DARRELL D	Last name CARTER	Your social security number
		If a joint return, spouse's first name and initial MARY J	Last name CARTER	Spouse's social security no.
		Home address (number and street). If you have a P.O. box, see instructions. 901 S 7TH STREET		Apt. no.
		City, town or post office, state, and ZIP code IRONTON, OH 45638		Daytime phone number (740) 532-3167

▲ **Important!** ▲
You must enter
your SSN(s) above.

Part I Tax Return Information (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	24,841
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	204
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	780
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	3,195
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12) (see instructions)	5	

Part II Declaration of Taxpayer. Be sure to keep a copy of your tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2005 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider and/or transmitter to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Your signature

Date

Spouse's signature. If a joint return, both must sign. Date

KBA For Paperwork Reduction Act Notice, see separate instructions.

Form 8453-OL (2005)

Form 1040A U.S. Individual Income Tax Return 2006

Department of the Treasury Internal Revenue Service

RS Use Only Do not write or stamp in this space

Label Use the IRS label. Otherwise, please print or type

Label L A B E L H E R E

Your first name and initial Last name

Darrell D Carter

if a joint return, spouse's first name and initial Last name

Mary J Carter

Home address (number and street). If you have a P.O. box, see instructions Apt. no.

901 S. 7th Street

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions

Ironton, OH 45638

OMB No. 1545-0047

Your social security number

Spouse's social security number

You must enter: ☒ your SSN(s) above ☐

Checking a box below will not change your tax or refund

Presidential

Election Campaign ☒ Check here if you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ You ☐ Spouse

Filing status

Check only one box

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here ☐
- 4 ☐ Head of household (with qualifying person). (See instructions) If the qualifying person is a child but not your dependent, enter this child's name here ☐
- 5 ☐ Qualifying widow(er) with dependent child (See instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see instructions)

Darrell Carter

Son

Alisa Carter

Daughter

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

2

• did not live with you due to divorce or separation (see instructions)

0

Dependents on 6c not entered above

0

Add numbers on lines above

4

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions

Enclose, but do not attach, any payment

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 27,588.

8a Taxable interest. Attach Schedule 1 if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule 1 if required

9a

b Qualified dividends (See instructions)

9b

10 Capital gain distributions (See instructions)

10

11a IRA

distributions 11a

11b Taxable amount (See instructions)

11b

12a Pensions and annuities 12a

12b Taxable amount (See instructions)

12b

13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay

13

14a Social security benefits 14a

14b Taxable amount (See instructions)

14b

15 Add lines 7 through 14b (far right column). This is your total income.

15

27,588.

Adjusted gross income

16 Penalty on early withdrawal of savings (see instructions)

16

17 IRA deduction (see instructions)

17

18 Student loan interest deduction (see instructions)

18

1,981.

19 Jury duty pay you gave your employer (see instructions)

19

20 Add lines 16 through 19. These are your total adjustments.

20

1,981.

21 Subtract line 20 from line 15. This is your adjusted gross income.

21

25,607.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

1040A

Form 1040A (2005)

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Form 1040A (2006) **Darrell D and Mary J Carter**

Page 2

22 Enter the amount from line 21 (adjusted gross income) 22 25,607.

Tax credits and payments**Standard Deduction for -**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent. See inst.

• All others.

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widower, \$10,300

Head of household \$7,550

23a Check ☐ You were born before January 2, 1942 ☐ Blind ☐ Total boxes if: ☐ Spouse was born before January 2, 1942 ☐ Blind checked ☐ 23a 0

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ☐ 23b

24 Enter your **standard deduction** (see left margin) 24 10,300

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 25 15,307

26 If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d 26 13,200

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter 0. This is your **taxable income**. 27 2,107

28 Tax, including any alternative minimum tax (See instructions) 28 211

29 Credit for child and dependent care expenses: Attach Schedule 2 29

30 Credit for the elderly or the disabled: Attach Schedule 3 30

31 Education credits: Attach Form 8863 31

32 Retirement savings contributions credit: Attach Form 8880 32

33 Child tax credit (See instructions): Attach Form 8901 if required 33

34 Add lines 29 through 33. These are your **total credits**. 34 0

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter 0 35 211

36 Advance earned income credit payments from Form(s) W-2, box 9 36

37 Add lines 35 and 36. This is your **total tax**. 37 211

38 Federal income tax withheld from Forms W-2 and 1099 38 1,055

39 2006 estimated tax payments and amount applied from 2005 return 39

40a Earned income credit (EIC) 40a 2,269

b Nontaxable combat pay election 40b

41 Additional child tax credit: Attach Form 8812 41

42 Credit for federal telephone excise tax paid: Attach Form 8913 if required 42 60

43 Add lines 38, 39, 40a, 41, and 42. These are your **total payments**. 43 3,384

Refund 44 If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you **overpaid**. 44 3,173

45a Amount of line 44 you want **refunded to you**. If Form 8888 is attached, check here ☐ 45a 3,173

Direct Deposit? See instructions on lines 45c and 45d, or Form 8888

45b Routing number 45b c Type: ☐ Checking ☐ Savings

45c Account number

46 Amount of line 44 you want **applied to your 2007 estimated tax**. 46

Amount 47 Amount you owe. Subtract line 43 from line 37. For details on how to pay, see instructions. 47

48 Estimated tax penalty (See instructions) 48

Third party designator

Decedent's name

Phone no

Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurate. I also declare that the information on this return was prepared based on the information of which the preparer has any knowledge.

Joint Return? (See instructions)

Your signature

Date

Your occupation
unemployed

Daytime phone number
740-550-2107

Keep a copy for your records

Spouse's signature (if a joint return, both must sign)

Date

Spouse's occupation
assembler

Paid preparer's use only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Phone no

UYA

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Form 1040A (2006)